BEST AVAILABLE COPY

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09709255												5		
(Column 1) (Column 2) TYP										YTTIY	OR	OTHER		
TOTAL CLAIMS			20					RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BAŞIC	FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9	e		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		•			X40	-		OR	· X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135	=		OR	+270=		
* If the difference in column 1 is less than zero, enter *0" in column 2											1	TOTAL	7-10	
	C	CLAIMS AS AMENDED - PART II OTHER THAN									THAN.			
·	•	(Column 1)			DIGUEOV CONCENTRATION				OR	SMALL				
MA		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RAT	E	AODI: TIONAL EEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.12	Minus	_	20	-2		X\$ 9)	OR	X\$18=	36	
ME	Independent	• 4	Minus	•••	3	- /		X40			OR	AL	84	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							≜135				+270=	•	
•					YOTAL OP TOTAL									
	0-22-04	ADDIT, FEEOR ADDIT, FEE												
_	41- 22-0	- CUAIMS			HEST CORUMN ST				-	ADDI-	1		ADDI-	
AMENDMENT B.		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT		RAT	E	TIONAL		RATE	TIONAL	
Š	Total:	. 22	Minus	•• .	22	• —		X\$ 9	•		OR	X\$18=	•	
¥	Independent	· 4	Missus	***	4			-X40	-		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		+135= OR +270=							
								YO ADDIT, I	A EE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Cotumn 3)								
0		CLAIMS REMAINING		HIGH		PRESENT] [ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVI	OUSLY	EXTRA	П	RAT	E	TIONAL FEE		RATE	TIONAL FEF.	
9	Total	. 19	Minus	•• · a	22	2		X\$ 9			OR	X\$18=		
AMENDMENT	Independent	.70	Minus	***	4	- 23	╽╽	X40:	3		OR	X\$18= X80=	600	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135				+270=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Kighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT, FEE OP ADDIT, FEE													
	if the Trighest Mu	mber Previously Pa	aid For IN THIS	SPACE	is less the	n 3, enter "3."	•			propriete bo	,			

FORM PTO-17